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<input type="checkbox"/>	L1	lf.clm.	548
<input type="checkbox"/>	L2	L1 and asca.clm.	0
<input type="checkbox"/>	L3	L1 and saccharomyces.clm.	0
<input type="checkbox"/>	L4	saccharomyces.clm. or antisaccharomyces.clm. or antisaccharomyces.clm. or cerevisiae.clm. or asca.clm.	2523
<input type="checkbox"/>	L5	lactoferrin or lacto-ferrin or rhlf or lf or hlf or h-lf or lactoferritin	90535
<input type="checkbox"/>	L6	anca or pmn or neutrophil	27820
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<input type="checkbox"/>	L2	L1 and (anca and asca)	3
<input type="checkbox"/>	L3	asca.clm. and lactoferrin.clm. and anca.clm.	1
<input type="checkbox"/>	L4	cerevisiae.clm. and lactoferrin.clm. and (pmn or neutrophil).clm.	2
<input type="checkbox"/>	L5	L4 not l3	1
<input type="checkbox"/>	L6	saccharomyces.clm. and antineutrophil.clm. and \$lactoferrin	0
<input type="checkbox"/>	L7	saccharomyces.clm. and antineutrophil.clm. and \$lactoferrin.clm.	0
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Reproductive Toxicology

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Autoantibodies in the diagnosis and management of liver disease.

Czaja AJ, Norman GL.

Division of Gastroenterology and Hepatology, Mayo Clinic and Mayo Foundation, Rochester, Minnesota 55905, USA. czaja.albert@mayo.edu

Autoantibodies are nonpathogenic manifestations of immune reactivity, and they may occur in acute and chronic liver diseases. Autoantibodies may be consequences rather than causes of the liver injury, and they should be regarded as diagnostic clues rather than etiologic markers. Conventional autoantibodies used in the categorization of autoimmune liver disease are antinuclear antibodies, smooth muscle antibodies, antibodies to liver/kidney microsome type 1, antimitochondrial antibodies, and atypical perinuclear anti-neutrophil cytoplasmic antibodies. Ancillary autoantibodies that enhance diagnostic specificity, have prognostic connotation, or direct treatment are antibodies to endomysium, tissue transglutaminase, histones, doubled-stranded DNA, and actin. Autoantibodies that have an emerging diagnostic and prognostic significance are antibodies to soluble liver antigen/liver pancreas, asialoglycoprotein receptor, liver cytosol type 1, and nuclear pore complex antigens. Autoantibodies of uncertain clinical value that remain under investigation are antibodies to chromatin, lactoferrin, and *Saccharomyces cerevisiae*. Continued recognition and characterization of autoantibodies should improve diagnostic precision, provide prognostic indices, and elucidate target autoantigens. These advances may in turn clarify pathogenic mechanisms, facilitate the development of animal models, and generate novel site-specific therapies.

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- Review

PMID: 14506390 [PubMed - indexed for MEDLINE]



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Antigen specificity of circulating anti-neutrophil cytoplasmic antibodies in inflammatory bowel disease.

Kossa K, Coulthart A, Ives CT, Pusey CD, Hodgson HJ.









Department of Medicine, Royal Postgraduate Medical School, Hammersmith Hospital, London, UK.







OBJECTIVES: To characterize the antigen specificity of circulating anti-neutrophil cytoplasmic antibodies (ANCA) in inflammatory bowel disease (IBD). **DESIGN:** Analysis of the prevalence of circulating ANCA in patients with ulcerative colitis and Crohn's disease, by both non-specific methods (immunofluorescence against fixed neutrophil leukocytes) and specific antigen techniques (against purified neutrophil leukocyte constituents). **METHODS:** Indirect immunofluorescence against fixed polymorphonuclear leukocytes, and solid-phase enzyme-linked immunosorbent assay (ELISA) against neutrophil constituents (alpha-granules, elastase, myeloperoxidase, cathepsin g, lysozyme and lactoferrin). **RESULTS:** Although results using immunofluorescence were typical of other studies (ulcerative colitis positive in 41%, Crohn's disease in 10%), ELISA studies showed antibody activity against neutrophil components in 69% of patients with ulcerative colitis and 39% of those with Crohn's disease. Antibodies in ulcerative colitis were commonly directed (in descending order) against lysozyme, cathepsin G, elastase, and lactoferrin, and in Crohn's disease against lysozyme. **CONCLUSION:** Correlation of indirect immunofluorescence data and ELISA results indicated that even this large panel of specific antigens fails to identify all the ANCA targets in IBD. The lack of correlation between the findings of ANCA, either in general or versus a specific target, and disease extent or activity in ulcerative colitis supports the suggestion that ANCA are unlikely to be of primary importance in pathogenesis.

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